

## **Draft Screening Questionnaire**

Name: \_\_\_\_\_

Participant # \_\_\_\_\_

1. Within the last 14 days, have you traveled outside of Virginia?

\_\_\_\_ YES \_\_\_\_ NO

If yes, please explain.

2. Within the last 14 days, have you been diagnosed with COVID-19?

\_\_\_\_ YES \_\_\_\_ NO

If yes, please explain.

3. Within the last 14 days, have you had contact with anyone who has been diagnosed with COVID-19 or who is currently sick with suspected COVID-19?

\_\_\_\_ YES \_\_\_\_ NO

If yes, please explain.

4. Within the last 14 days, have you, or someone you have been in close contact with, been directed to quarantine, isolate, or self-monitor?

\_\_\_\_ YES \_\_\_\_ NO

If yes, please explain.

5. Within the last 14 days, have you experienced a fever or chills, persistent cough, shortness of breath or difficulty breathing, new loss of taste or smell, or other flu-like symptoms?

\_\_\_\_ YES \_\_\_\_ NO

If yes, please explain.

6. Within the last 14 days, have you resided with, or been in close contact with, any person in the above-mentioned categories?

\_\_\_\_ YES \_\_\_\_ NO

If yes, please explain.

7. Within the last 14 days, have you received a test for COVID-19?

\_\_\_\_ YES \_\_\_\_ NO

If yes, when and what was the result?

8. Within the last 14 days, have you requested to be tested for COVID-19 and been denied the test?

\_\_\_\_ YES \_\_\_\_ NO

If yes, please explain.

9. Are you a healthcare worker directly involved with the treatment of the COVID-19 disease, or work in another field that puts in you in direct contact with people who have been diagnosed with COVID-19?

\_\_\_\_ YES \_\_\_\_ NO

If yes, please explain.

Are you over age 65, or a person of any age with an underlying medical condition that puts you at a higher risk of developing serious health complications from COVID-19, or do you live with or provide direct care for a vulnerable person?

\_\_\_\_ YES \_\_\_\_ NO

If yes, please explain.

10. Do you have children at home who require your direct supervision due to school and/or daycare closings? Note: only answer YES if there is NO ONE else in the household who can provide care during your jury service.

\_\_\_\_ YES \_\_\_\_ NO

If yes, please explain.

11. Have you experienced any economic or job-related hardships as a result of COVID-19 that you believe would have a significant impact on your ability to pay attention and fully concentrate on the evidence in this case? \_\_\_\_ YES \_\_\_\_ NO

If yes, please explain.

12. The Court will be implementing procedures to maintain physical distance and minimize the potential exposure to COVID-19 in the courtroom. Even with these precautions, do you have any concerns related to COVID-19 that would affect your ability to pay attention and fully concentrate on the evidence in this case?

\_\_\_\_ YES \_\_\_\_ NO

If yes, please explain.

If yes, do you believe that you can set aside your concerns regarding COVID-19 and focus your attention on listening to the evidence and deliberating with other jurors?

\_\_\_\_ YES \_\_\_\_ NO

13. Have you been vaccinated against COVID-19?

\_\_\_\_ YES \_\_\_\_ NO

If yes, please explain.

14. If yes to Number 13, do you still require another dose of a two-dose vaccine?

\_\_\_\_ YES \_\_\_\_ NO

If yes, please explain.

15. Are you willing to abide by any rules that the Court institutes regarding social distancing and wearing masks during trial if you are selected as a juror? \_\_\_\_ YES \_\_\_\_ NO

If no, please explain.

16. Are you willing to notify the Court immediately if, during trial, you feel ill OR are exposed to anyone feeling ill? \_\_\_\_ YES \_\_\_\_ NO

If no, please explain.